

TO 9/02

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
I.P.E. CLASSIFIER		29 4377	
FORMALITY REVIEW	CA		7/19/97

INDEX OF CLAIMS

- ✓ Rejected
- Allowed
- (Through numeral) ... Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Final	Original	Date
1	✓	✓	10/10/94
2	✓	✓	10/10/94
3	✓	✓	10/10/94
4	✓	✓	10/10/94
5	✓	✓	10/10/94
6	✓	✓	10/10/94
7	✓	✓	10/10/94
8	✓	✓	10/10/94
9	✓	✓	10/10/94
10	✓	✓	10/10/94
11	✓	✓	10/10/94
12	✓	✓	10/10/94
13	✓	✓	10/10/94
14	✓	✓	10/10/94
15	✓	✓	10/10/94
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23	✓	✓	10/10/94
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28	✓	✓	10/10/94
29	✓	✓	10/10/94
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47	✓	✓	10/10/94
48	✓	✓	10/10/94
49	✓	✓	10/10/94
50	✓	✓	10/10/94

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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